FILE COPY   2100   2151

CHANGE OF CORRESPONDENCE ADDRESS *Application*	
Application Number	09/900,842
Filing Date	7/7/1
First Named Inventor	ERIK J. FRED
Art Unit	
Examiner Name	
Attorney Docket Number	SH-01-100

Address to:
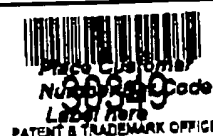Assistant Commissioner for Patents
Washington, D.C. 20231

Please change the Correspondence Address for the above-identified application to:

☒ Customer Number   30349
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This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or Agent of record.

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name:

Signature: _[signature]_

Date: 5/17/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of __1__ forms are submitted.